

Family-Provider Relationship Quality project:
Cognitive Interview Protocol Round 3

Parent

Introduction

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: IF APPROPRIATE, TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

CONSENT TO PARTICPATE OBTAINED: YES NO

CONSENT TO RECORD INTERVIEW OBTAINED: YES NO

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

Before we get started, I want to go over a few things.

The goal of our study is to develop questions about the quality of relationships between parents and those who care for and teach their children under the age of six [**FOR HEAD START PARENTS:** as well as their Family Service Worker.] We want to make sure that the questions we develop are easy to understand and make sense for parents. In the next section, I will give you the questions that have been written by others and ask you for your feedback. For these questions, I'll ask you to report about [FOCAL CHILD]. Please only answer with respect to [FOCAL CHILD]. Please think about [FOCAL CHILD]'s primary care arrangement; that is, the arrangement that he or she spends the most time in.

INTERVIEWER: If no primary arrangement, ask respondent to choose the arrangement to report on and note this.

I will ask you to complete sections of the survey. After you've completed each section, I will ask follow-up questions. Some of the time, I will ask you how you answered a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember that there are no right or wrong answers.

So that we get the most from your help, it is very important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me anytime if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- the words in the question are not the ones that parents would use,
- you think other parents may not understand,
- you don't have the information to answer the question, or
- the question doesn't apply or make sense to ask about your child's care arrangement or program, or for parents of children [focal child's age]

Any questions?

Okay, let's get started.

First, we want to make sure that we are using the right words to describe your child's care arrangement or preschool setting.

- What words or terms do you use to describe your child's care arrangement or preschool setting?
 - Are there any other words or terms that you use?

IF NEEDED: Does your child attend a Head Start or an Early Head Start?

- What about the person or people who care for or teach your child? How do you refer to them?
 - Are there any other words or terms that you use?
 - Are there terms that you wouldn't use?

INTERVIEWER: MAKE SURE TO ESTABLISH WHETHER OR NOT FOCAL CHILD IS ATTENDING A HEAD START SETTING. IF SO, MAKE SURE TO ADMINISTER HEAD START SPECIFIC PROBES FOUND THROUGHOUT THE PROTOCOL.

So that I can better understand the information you provide us, can you tell me about [FOCAL CHILD]'s child care arrangements or educational program.

ASK PROBES FOR WHICH INFORMATION HAS NOT YET BEEN COLLECTED:

- What kind of child care arrangement or educational program is it?

- Who cares for [him/her]?

- Does [FOCAL CHILD] have one or more child care providers/teachers in this arrangement/program?
 - **IF NECESSARY:** Are there others who care for or teach [FOCAL CHILD] in this arrangement/program?

- Who in your household interacts with the provider/teacher?
 - Does this vary by issue or by provider/teacher?

- Who drops off/picks up [FOCAL CHILD] from child care?

- How much time does [he/she] spend in this care arrangement/program (hours/days per week)?

INTERVIEWER: CONFIRM WHETHER CARE ARRANGEMENT IS SCHOOL/PROGRAM-BASED (E.G., HEAD START, DAY CARE PROGRAM, SCHOOL-BASED PRESCHOOL) OR HOME-BASED (CARE IS PROVIDED FROM PROVIDER'S OR SOMEONE ELSE'S HOME). CONFIRM NUMBER OF PROVIDERS (ONE, TWO, OR MORE PROVIDERS). UNLESS OTHERWISE STATED, PROBES ARE ADMINISTERED TO ALL Rs.

INTERVIEWER: USE TERMS R USES TO REFER TO PROVIDER/TEACHER AND SETTING WHEN ADMINISTERING PROBES AND FOLLOW-UP QUESTIONS.

IF IN-PERSON INTERVIEW: GIVE R QUESTIONNAIRE PACKET

IF PHONE INTERVIEW: ENSURE R HAS QUESTIONNAIRE PACKET

Let's start with the first set of questions on page 1. Please read and answer questions 1. Take as much time as you need and let me know when you are done.

1. Since September, how often have you met with or talked to your childcare provider or teacher about the following?
 [MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What to expect at each stage of your child's development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your vision for your child's future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER RESPONDENT COMPLETES SECTION: Thank you. As we talked about earlier, I'd like to ask you what some of the questions meant to you. Before we discuss specific questions, I have some general questions about this section.

GENERAL PROBES: First, did you notice and read the introduction?

The question introduction reads, "Since September, how often have you met with or talked to your childcare provider or teacher about the following?" What did you think this was referring to?

- What kinds of things or times were you thinking about when answering this question?

1. Since September, how often have you met with or talked to your childcare provider or teacher about the following?
 [MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What to expect at each stage of your child's development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your vision for your child's future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF APPROPRIATE: When you were answering this question did you include:

- Formal parent-teacher conferences?

- Informal times that you may talk, such as during drop off and pick up?

- Email communication about these issues?

- Telephone conversations?

PROBES:

[Item 1D]: What came to mind when you read “learning and development”? What did this mean to you?

- Do “learning” and “development” mean similar or different things to you?
 - Tell me more.

Before we move on to the next section, can you tell me how you marked your answers?
 [INTERVIEWER: Want to know how R indicated answers (e.g., marked, checked, circled, etc.) and whether R picked one or more categories.]

Okay, now let's move onto the next questions. Please read and answer questions 2 through 4 on page **1 and 2**. Take as much time as you need and let me know when you are done.

2. Since September, how often have you talked to or met with your childcare provider or teacher about the following?
 [MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your provider's expectations for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rules your provider has for children in his or her care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How you feel about the care and education your child receives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do you have difficulty communicating with your childcare provider or teacher because he or she has a strong accent or speaks a different language than you?
 [MARK ONLY ONE BOX.]

Never.....

Rarely.....

Sometimes.....

Very often.....

4. How comfortable would or do you feel sharing the following information with your childcare provider or teacher?
 [MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Health issues your child has such as food allergies or asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES: Were any of the questions unclear or hard to answer?

IF YES: Tell me more about that.

Okay, now let’s move onto the following questions. Please read and answer questions 5, 6, and 7 on page 3 and 4. Take as much time as you need and let me know when you are done.

5. If you had a problem with your childcare provider or teacher, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

Very uncomfortable.....	<input type="checkbox"/>
Uncomfortable.....	<input type="checkbox"/>
Comfortable.....	<input type="checkbox"/>
Very comfortable.....	<input type="checkbox"/>

6. How often does your childcare provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Help you say goodbye to your child when you drop him or her off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share information with you about your child’s day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask you about the cultural values and beliefs you want him/her to convey to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often does your childcare provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child’s learning and development?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the education and care your child receives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child’s education and care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your provider’s performance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contradict you in front of your child?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES:

Let’s talk about how you answered this set of questions.

➤ For question 7, did you answer “never”?

IF SO: Was that because you would like to, but don’t feel comfortable talking with the provider, because you don’t think they need to know, or is it something else?

➤ Did the questions in this section make sense for your child care arrangement or program?

5. **If you had a problem with your childcare provider or teacher, how comfortable would you feel talking to him or her about it?**

[MARK ONLY ONE BOX.]

Very uncomfortable.....	<input type="checkbox"/>
Uncomfortable.....	<input type="checkbox"/>
Comfortable.....	<input type="checkbox"/>
Very comfortable.....	<input type="checkbox"/>

6. **How often does your childcare provider or teacher:**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Help you say goodbye to your child when you drop him or her off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share information with you about your child's day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask you about the cultural values and beliefs you want him/her to convey to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **How often does your childcare provider or teacher:**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the education and care your child receives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your provider's performance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contradict you in front of your child?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES:

➤ In general, what did you think about this set of questions?

➤ Were any of the questions unclear or hard to answer?

o **IF YES:** Tell me more about that.

5. [MARK ONLY ONE BOX.]

Very uncomfortable.....	<input type="checkbox"/>
Uncomfortable.....	<input type="checkbox"/>
Comfortable.....	<input type="checkbox"/>
Very comfortable.....	<input type="checkbox"/>

6. How often does your childcare provider or teacher:
[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Help you say goodbye to your child when you drop him or her off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share information with you about your child's day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask you about the cultural values and beliefs you want him/her to convey to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often does your childcare provider or teacher:
[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
b. Ask about your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the education and care your child receives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your provider's performance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contradict you in front of your child?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 6E]: What does item 6e mean to you?

IF NEEDED:

- What came to mind when you read the phrase “cultural values and beliefs”
- How would a teacher convey “cultural values and beliefs” to your child?
- Is this something you’ve talked about with your provider/teacher?
- Would you feel comfortable discussing this with your provider/teacher?

Please read and answer question 8 on page 5. Take as much time as you need and let me know when you are done.

8. How much are the following statements like your childcare provider or teacher? My child care provider or teacher...
 [MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asks me about my cultural values and practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respects my family’s cultural values and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asks me for ideas about way to change the education and care my child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tells me how my child is progressing towards goals or developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Uses my feedback to adjust the education and care provided to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Encourages me to be involved in all aspects of my child’s care and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reflects the cultural diversities of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prefers to stick to his/her own ways of teaching and caring for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Encourages parents to provide feedback on the way he/she cares for and teaches children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Uses information on new and better ways to teach and care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Conveys the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 8A]: What does “respects me as a parent” mean to you?

- Can you tell me how you came up with your answer?

[Item 8B]: Walk me through how you answered 8b, “Asks me about my cultural values and practices?”

- Is this something you feel comfortable talking about with your provider?
- Is this something that you have talked about with your provider?

o **IF NO:** How did you come up with your answer?

8. How much are the following statements like your childcare provider or teacher? My child care provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asks me about my cultural values and practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respects my family's cultural values and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asks me for ideas about way to change the education and care my child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tells me how my child is progressing towards goals or developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Uses my feedback to adjust the education and care provided to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Encourages me to be involved in all aspects of my child's care and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reflects the cultural diversities of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prefers to stick to his/her own ways of teaching and caring for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Encourages parents to provide feedback on the way he/she cares for and teaches children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Uses information on new and better ways to teach and care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Conveys the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8D]: What came to mind when you answered question 8d, "Treats me like an expert on my child"?

IF NEEDED: What does it mean for a provider or teacher to treat you like an expert on your child?

- What could a provider or teacher do to treat you like an expert on your child?

[Item 8E]: Can you walk me through how you answered question 8e?

- Did this question seem applicable to you?
- Have you discussed your family's culture and practices with your provider?

o IF NO: How did you answer the question?

IF NEEDED: How can a provider respect a family's cultural values and beliefs?

OMB Control Number: 0970-0355

Expiration Date: 1/31/2015

ID: _____

8. How much are the following statements like your childcare provider or teacher? My child care provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asks me about my cultural values and practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respects my family's cultural values and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asks me for ideas about way to change the education and care my child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tells me how my child is progressing towards goals or developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Uses my feedback to adjust the education and care provided to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Encourages me to be involved in all aspects of my child's care and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reflects the cultural diversities of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prefers to stick to his/her own ways of teaching and caring for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Encourages parents to provide feedback on the way he/she cares for and teaches children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Uses information on new and better ways to teach and care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Conveys the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8F]: Walk me through how you answered question 8F, “Asks me for ideas about ways to change the education and care my child receives”?

[Item 8G]: What were you thinking of when you answered question 8g, “Tells me how my child is progressing towards goals or developmental milestones”?

[Item 8I]: What does the question “Encourages me to be involved in all aspects of my child’s care and education” mean to you?

IF NEEDED: What did you include in “all aspects of your child’s care and education”?

8. How much are the following statements like your childcare provider or teacher? My child care provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asks me about my cultural values and practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respects my family's cultural values and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asks me for ideas about way to change the education and care my child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tells me how my child is progressing towards goals or developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Uses my feedback to adjust the education and care provided to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Encourages me to be involved in all aspects of my child's care and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reflects the cultural diversity of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prefers to stick to his/her own ways of teaching and caring for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Encourages parents to provide feedback on the way he/she cares for and teaches children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Uses information on new and better ways to teach and care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Conveys the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8J]: In your own words, what do you think question 8j is asking?

➤ Did questions 8b, 8e, and 8j seem similar or different from each other?

➤ Do you feel you have the information you need to answer these questions?

[Item 8K]: In 8k, what does “Prefers to stick to his/her own ways of teaching and caring for children” mean?

➤ Is this a question you feel you have the information to answer?

[Item 8L]: What kind of “feedback” came to mind when you answered question 8l?

8. How much are the following statements like your childcare provider or teacher? My child care provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asks me about my cultural values and practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respects my family's cultural values and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asks me for ideas about way to change the education and care my child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tells me how my child is progressing towards goals or developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Uses my feedback to adjust the education and care provided to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Encourages me to be involved in all aspects of my child's care and education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reflects the cultural diversities of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prefers to stick to his/her own ways of teaching and caring for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Encourages parents to provide feedback on the way he/she cares for and teaches children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Uses information on new and better ways to teach and care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Conveys the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8M]: Walk me through how you answered 8m, “Uses information on new and better ways to teach and care for children”?

➤ Is this a question you feel you have the information to answer?

[Item 8 N]: What does it mean for a provider to convey the cultural values and beliefs you want your child to have?

Okay, now let’s move onto the next page. Please read and answer questions 9 and 10 on page 7. Take as much time as you need and let me know when you are done.

9. Please indicate how much you agree or disagree with the following statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My child care provider or teacher is open to learning new ways to teach and care for my children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My provider and I work together to make sure my child has the best care and support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please indicate how much the following words are like your childcare provider or teacher.

My childcare provider or teacher is...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Caring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 9b]: Please walk me through how you answered question 9b.

- Why did you answer the way you did?

- Does this question make sense to ask of your child’s care setting?

- Does it make sense to ask this question of children of your child’s age?

Okay, now let's move onto the next questions. Please read and answer questions 11 through 13 on page 8. Take as much time as you need and let me know when you are done.

11. How much do you agree or disagree with the following statement?
My childcare provider or teacher sees this job as just a paycheck.

[MARK ONLY ONE BOX.]

Strongly disagree.....	<input type="checkbox"/>
Disagree.....	<input type="checkbox"/>
Agree.....	<input type="checkbox"/>
Strongly agree.....	<input type="checkbox"/>

12. How much do you agree or disagree with the following statements?
I trust that my childcare provider or teacher ...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Can maintain a safe environment for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has my child's best interest at heart.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How strongly do you agree or disagree with the following statements?
 [MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My childcare provider or teacher judges my family because of our faith and religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My childcare provider or teacher judges my family because of our culture and values.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My childcare provider or teacher judges my family because of our race/ethnicity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My childcare provider or teacher judges my family because of our financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES: Were any of the questions unclear or hard to answer?

IF YES: Tell me more about that.

Okay, now let's move on to the next page. Please read and answer questions 14 to 23 on page 8 through 11. Take as much time as you need and let me know when you are done.

14. How easy or difficult is it for you to reach your childcare provider or teacher during the day if you have a question or if a problem comes up?

[MARK ONLY ONE BOX.]

- Very difficult.....
- Difficult.....
- Easy.....
- Very easy.....

15. On a scale of 1-5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your childcare provider or teacher?

[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]

Worst

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Best

16. How old is your child

[MARK ONLY ONE BOX.]

- Less than 1 year old
- 1-2 years old
- 3-4 years old
- 5 years or older

17. For how long has your current childcare provider or teacher been teaching or caring for this child?

[MARK ONLY ONE BOX.]

- Less than 6 months.....
- 6 months-less than 1 year.....
- 1 year-less than 2 years.....
- 2 years or more.....

18. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English.....
- Spanish.....
- English and Spanish equally.....
- English and another language equally.....
- Other language.....

19. Thinking about all of your children, how many child care providers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1.....
- 2-3.....
- 4-5.....
- More than 5.....

20. Are you of Hispanic or Latino origin?

- Yes
- No

21. What is your race?

[MARK ALL THAT APPLY.]

- White.....
- Black or African American.....
- American Indian or Alaska Native.....
- Asian Indian.....
- Chinese.....
- Filipino.....
- Japanese.....
- Korean.....
- Vietnamese.....
- Other Asian.....
- Native Hawaiian.....
- Guamanian or Chamorro.....
- Samoan.....
- Other Pacific Islander.....

22. What is the highest level of education you have completed?

[MARK ONLY ONE BOX.]

- Less than a high school diploma.....
- High school diploma or GED.....
- Some college, no degree.....
- Associate's degree.....
- Bachelor's degree.....
- Graduate school degree.....

23. What would you say was your household's income last year?

[MARK ONLY ONE BOX.]

- Less than \$25,000
- \$25,000-\$34,999
- \$35,000-\$44,999
- \$45,000- 54,999
- \$55,000-\$74,999
- \$75,000 or more

GENERAL PROBES: Were any of the questions unclear or hard to answer?

➤ **IF YES:** Tell me more about that.

[Item 23]: When you answered question 23, were you thinking about your income before taxes, your income after taxes, or something else?

GENERAL PROBES:

Before we end, are there any other aspects about the relationship between parents and those that care for/teach their children under the age of six that we should have asked about, but didn't?

As we were going through these questions, were there any questions that didn't seem to apply to you, times when the response options didn't match how you wanted to answer, questions that didn't make sense to you, or questions that you wanted to comment on that we didn't already talk about?

Is there anything else you would like to share about how the questions worked for you or whether you found the questions to be relevant to your experiences?

Thank you for your participation in this survey!